

County of Tulare

2016 Open Enrollment

Employee Benefits Guide

September 23, 2015 – October 23, 2015

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Open Enrollment is Here Again!

It is time again to review your benefits elections for the coming year. Tulare County's 2016 Open Enrollment begins on September 23 and ends October 23, 2015. Open Enrollment is your annual opportunity to change plans, add or drop eligible dependents from coverage, elect and re-elect a Flexible Spending Account or Health Savings Account.

This Open Enrollment booklet contains a summary of the information you need to make your health plan choices for 2016. Please take time to study the materials carefully and make sure you understand the plans available to you and how they differ from one another. If you have any questions regarding the information contained in this booklet contact Human Resources & Development Benefits Customer Service at (559) 636-4911.

TCCA and TCDSA Open Enrollment Information

Please contact your benefits representative to obtain information on your 2016 Open Enrollment Schedule and your health benefits.

Tulare County Corrections Association (TCCA)

Linda Clower, Buckman-Mitchell Insurance
(559) 741-4435

lindac@bminc.com

Open Enrollment: September 23, 2015-October 23, 2015

Tulare County Deputy Sheriff's Association (TCDSA)

Brad Webb

(559) 636-1199

dsa_insurance@sbcglobal.net

Please note—Information contained in this booklet is a summary of benefits. Please refer to the Evidence of Coverage or Benefit Booklets for detailed information. You may also contact Human Resources & Development-Benefits at (559) 636-4911.

What Changes in 2016?

- Premium increase of **4.9%** for Anthem Blue Cross PPO Plans and **11.71%** for HMO
- Premium increase of **7.75%** for Kaiser Permanente HMO plans
- Premium reduction of **4.11%** for Delta Dental PPO Plan
- Premium increase of **5.38%** for DeltaCare USA Dental HMO Plan
- 0% premium increase for Vision Plan Services
- Minimum Benefit Amount increases to \$280.78 per pay period
- Health Savings Account – contribution amount increased to \$6,750 (family)
- New - Anthem Blue Cross LiveHealth Online – 24/7 online doctor visits



What Stays the Same?

- Anthem Blue Cross PPO (\$0, \$500, \$1000 & \$2500 Deductible) Plans and Anthem Blue Cross HMO coverage
- Kaiser Permanente HMO High and Low Plan coverage
- The option of two dental plans - Delta Dental PPO Plan and DeltaCare USA HMO Plan
- Vision Service Plan (VSP) as vision provider
- Standard Life remains our life insurance and long-term disability provider
- Employee Assistance Program remains under Anthem EAP
- Pharmacy Benefits Manager remains with US Script

What You Must Know?

- Participation **IS REQUIRED** if you are:
 - A new enrollment in the health plan;
 - Waiving health coverage;
 - Changing health plans;
 - Adding or removing a dependent (dependent eligibility documentation due **October 23, 2015**);
 - Enrolling/re-enrolling in a **Flexible Spending Account** or a **Health Savings Account**.
- Participation is **NOT REQUIRED** if no changes are being made with your current health plan coverage.
- The benefit elections begin January 1, 2016 and will stay in effect until December 31, 2016. Changes during the year can only be made if you have a Qualified Life Event Change.
- New insurance premiums for 2016 will begin on paycheck dated **December 8, 2015**.
- Deductions for FSA, HSA, and voluntary products will begin on paycheck dated **January 5, 2016**.
- Insurance premiums are paid one month in advance. In the event you leave County employment, your coverage will continue through the month in which premiums are paid. Contact HR&D Benefits to discuss coverage dates.

Medical Plans - Anthem Blue Cross PPO & HMO



The County offers Anthem Blue Cross HMO and PPO medical plans through the San Joaquin Valley Insurance Authority (SJVIA). An HMO, Health Maintenance Organization, is a closed network plan with no out of network benefits. You are **required** to select a Primary Care Physician (PCP) for yourself and each member of your family on the health plan. Unlike the Anthem PPO plans, where you do not need a referral to see a specialist, the HMO plan requires that all care be accessed through your PCP. Your PCP will be your contact for all your health needs and will refer you to specialists as needed or requested. Though this may represent less freedom than a PPO plan, the benefit level for the HMO plan is much higher, with no deductible and many services are offered without co-pay. If you are interested in the HMO option with Anthem and would like to find a PCP or find out if your doctor accepts HMO patients, please visit the Anthem website at anthem.com/ca and follow the "Find a Doctor" link.

Anthem Blue Cross Medical Plan Options					
Health Plans	\$0 Deductible PPO Plan	\$500 Deductible PPO Plan	\$1000 Deductible PPO Plan	HMO Plan	\$2500 High Deductible PPO Plan
Covered Benefits	In Network	In Network	In Network	In Network Only	In Network
DEDUCTIBLE					
Per Individual	\$0	\$500	\$1,000	\$0	\$2,500
Per Family	\$0	\$1,000	\$2,000	\$0	\$5,000
OUT OF POCKET MAX					
Per Individual	\$2,000	\$3,000	\$4,000	\$1,000	\$5,000
Per Family	\$4,000	\$6,000	\$8,000	\$2,000	\$10,000
CO-INSURANCE	10%	20%	20%	0%	10%
PHYSICIAN SERVICES					
Office Visit Co-pay	\$20	\$35	\$45	\$15	10%
HOSPITAL SERVICES					
Inpatient	10%	\$250/admission +20%	\$1000/year +20%	No Copay	10%
Emergency Room	\$100/visit	\$100/visit	\$100/visit	No Copay	10%
PRESCRIPTION DRUGS	US Script	US Script	US Script	US Script	Express Script Generic-\$7/Brand-\$25
Bi-Weekly Rates w/Dental PPO					
Employee Only	\$413.80	\$316.75	\$280.78	\$358.70	\$267.19
Employee + Spouse	\$820.98	\$627.58	\$554.97	\$632.97	\$527.78
Employee + Child(ren)	\$756.53	\$581.79	\$516.16	\$566.82	\$491.22
Family	\$1,247.09	\$990.10	\$848.13	\$842.45	\$806.71
Bi-Weekly Rates w/Dental HMO					
Employee Only	\$408.60	\$311.56	\$275.58	\$353.50	\$262.00
Employee + Spouse	\$811.75	\$618.35	\$545.74	\$623.74	\$518.56
Employee + Child(ren)	\$743.67	\$568.93	\$503.30	\$553.96	\$478.36
Family	\$1,229.15	\$972.15	\$830.19	\$824.51	\$788.77

1. Above rates are bi-weekly (24 pay periods) and include medical, prescription, vision, dental (with option of PPO or HMO dental), and life insurance.
2. Out of Pocket Maximum includes deductibles, co-pays and co-insurance.
3. All medical and prescription benefits under the BC \$2500 HDHP are subject to the calendar year deductible.
4. This is not a complete summary of benefits. Please refer to your Evidence of Coverage for more details. The summary above reflects your benefits when utilizing Anthem providers.

Medical Plans - Kaiser Permanente HMO



Kaiser Permanente HMO offers a wide range of services and locations. Adult medicine, obstetrics/gynecology, and pediatric care, plus pharmacy and lab services...it doesn't stop with great medical care:

1. Health classes and personalized online programs.
2. Complete Care programs.
3. A secure electronic medical record instantly links our doctors to your health history.
4. Online features let you request routine appointments, order Rx refills, and e-mail your doctor's office - all from the convenience of your home computer.

Kaiser Permanente is available **only** to employees who live or work in the eligible zip code listing. Services must be received at a Kaiser Permanente facility. *For a complete listing of the eligible Zip Codes, please contact Benefits at OEHealth@co.tulare.ca.us.*

Kaiser Permanente Medical Plan Options		
Covered Benefits	Kaiser Permanente Deductible HMO (Low Plan)	Kaiser Permanente HMO (High Plan)
	In Network Only	In Network Only
DEDUCTIBLE		
Per Individual	\$1,000	\$0
Per Family	\$2,000	\$0
OUT –OF-POCKET MAX		
Per Individual	\$3,000	\$1,500
Per Family	\$6,000	\$3,000
PHYSICIAN SERVICES		
Office Visit Co-Pays	\$20 (\$0 Preventive)	\$25 (\$0 Preventive)
HOSPITAL SERVICES		
Inpatient	20%	\$250/Admission
Emergency Room	20%	\$100/Visit
Ambulance Services	\$150/Trip	\$50/Trip
PRESCRIPTION DRUGS	(30-Day Supply)	(Up to 100-Day Supply)
Generic	\$10	\$10
Brand	\$30	\$20
Bi-Weekly Rates w/Dental PPO		
Employee Only	\$302.68	\$384.62
Employee + Spouse	\$592.89	\$756.78
Employee + Child(ren)	\$544.00	\$692.32
Family	\$888.55	\$1,134.37
Bi-Weekly Rates w/Dental HMO		
Employee Only	\$297.48	\$379.42
Employee + Spouse	\$583.67	\$747.56
Employee + Child(ren)	\$531.13	\$679.46
Family	\$870.60	\$1,116.42

1. Above rates are bi-weekly (24 pay periods) and include medical and dental (with option of PPO or HMO) and life insurance.
2. Out of Pocket Maximum includes deductibles, co-pays and co-insurance.
3. This is not a complete summary of benefits. Please refer to your Evidence of Coverage for more details.

Pharmacy Benefits – US Script



Available to Anthem Blue Cross Members Only

US Script is the County's Prescription Benefit Manager. With US Script, you can purchase prescription drugs at more than 65,000 US Script network pharmacies nationwide.

- Your prescription drug benefit and mail order service are subject to the same benefit levels contained in your current coverage. You may continue to receive prescriptions through major pharmacies including (but not limited to): Walgreens, CVS, Wal-Mart, Costco, Target and in-network independent pharmacies. To locate a pharmacy you can access our website at www.usscript.com or contact Customer Service at 1-800-460-8988.
- Retail 90 Network Pharmacies – This network includes such major chains as Walgreens, CVS, Wal-Mart, and Rite Aid. To begin taking advantage of US Script's Retail 90 pharmacy network, you will need to take your 90-day supply prescription and your new prescription benefit ID card to any participating location.
- Mail Order Prescriptions – If you are using a mail order program for any of your prescriptions, you will need to switch to US Script's mail order service, RxDirect. You can enroll on-line at www.rxdirect.com by completing the New Patient Application Form.

CO-PAYS	Retail (30 day supply)	Retail (84-90 day supply)	Mail Order (90 day supply)
Generic	\$10	\$20	\$20
Preferred Brand	\$20	\$40	\$40
Non-Preferred Brand	\$35	\$60	\$60
Specialty	30% with \$100 maximum		
Out-of-Pocket Maximum	\$2,000 Individual / \$4,000 Family		

Vision Benefits – Vision Services Plan (VSP)



Available to Anthem Blue Cross Members Only

WellVision Exam • \$10 co-pay every 12 months

Prescription Glasses

- \$25 co-pay
- Lenses every 12 months
- Frame every 24 months
- \$130 allowance plus 20% off balance

OR

Contact Lens Care

- No Co-Pay
- Every 12 months
- \$120 allowance for contacts and contact lens exam

Primary Eye Care

- \$20 co-pay
- For treatment and diagnosis of eye conditions like pink eye, loss of vision, and monitoring of cataracts, glaucoma and diabetic retinopathy.

Using your VSP benefit is easy.

- Find the right eye care provider for you. To find a VSP doctor, visit vsp.com or call 800.877.7195.
- Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card required. They will handle the rest—there are no claim forms to complete when you see a VSP doctor.

Delta Dental Plan Options



You have the option to select either Delta Dental PPO or DeltaCare USA for your dental benefits plan. Both plans offer comprehensive dental coverage, quality care and excellent customer service. Each plan has its own advantages.

Delta Dental PPO

The PPO plan gives you the freedom to choose any dentist, and the opportunity for meaningful savings on your treatment costs when you visit a PPO dentist. Covered services are paid at applicable percentage – for example, fillings are covered at 80% of allowed amount – you pay the remaining 20%. www.deltadentalins.com.

PPO Dental Plan Benefits and Covered Services	In-Network	Out-Of-Network
Deductibles	Not Applicable	\$25 per person/\$75 per family each calendar year
Maximum	\$1,000 per person each calendar year	
Diagnostic & Preventive Services - Exams, cleanings, x-rays	100%	100%
Basic Services - Fillings, simple tooth extractions; Endodontics (root canals); Periodontics (gum treatment); Oral Surgery	80%	80%
Major Services - Crowns, inlays, onlays and cast restorations, bridges and dentures, implants	50%	50%
Orthodontic Benefits - Adults and dependent children	50% - \$1,500 Lifetime Maximum	
Dental Accident Benefits	100%	100%

Dental Plan – DeltaCare USA HMO

The DeltaCare USA plan is a dental HMO plan and operates much like a medical HMO plan. When you receive treatment from your assigned dentist you have the convenience of knowing what your copayment is for covered procedures before your visit. Covered procedures have predetermined dollar copayments for services provided by network dentists (this means out-of-pocket costs are predictable). You must select a dentist from a list of network dental facilities and you must visit this dentist to receive benefits. This plan offering is a lower cost option than the Delta Dental PPO, and the annual benefits have no maximum. Below is a sample list of the benefits under the Dental HMO plan. Please refer to the Evidence of Coverage or benefit booklet for a complete list of covered benefits.

Code	Description	Employee Co-Pays
D0230	Intraoral - periapical each additional film	\$0
D1110	Prophylaxis - adult	\$0
D2392	Resin-based composite - two surfaces, posterior	\$30
D3330	Root Canal - Molar (excluding final restoration)	\$60
D4341	Periodontal scaling and root planning	\$0
D5214	Mandibular partial denture	\$95
D6750	Crown - porcelain fused to high noble metal	\$70
D7210	Surgical removal of erupted tooth	\$10
D9220	Deep sedation/general anesthesia - first 30 minutes	\$165
D9972	External Bleaching - 1 tray & gel for 2 weeks	\$125
D8080	Child Ortho	\$1,700
D8090	Adult Ortho	\$1,900



Group Term Life Insurance



The County provides all benefit eligible employees with Basic Life Insurance and Accidental Death and Dismemberment (AD&D) coverage – the policy will pay double the policy's value in the event that the insured dies as a result of an accident. The plan includes MedEx Travel Assistance Plan which provides benefits when traveling 100 miles or more from home, such as locating medical care, evacuation/ repatriation, emergency credit card, ticket or passport replacement, and missing baggage assistance.

This plan also provides a living benefit option if you are diagnosed with a terminal illness expected to result in your death. Standard Insurance Company also includes portability and conversion options in the life insurance policy if you leave the County due to termination or retirement. To purchase Group Life portability insurance, you must have been insured under the group life plan for at least 12 consecutive months, are under age 65, and are not disabled on the date your employment terminates. You must also apply and pay premiums within 31 days after employment terminates. To receive a portability and/or conversion application, please contact HR&D Benefits.

Schedule of Insurance Benefits for Life and AD&D		
Class 1	Executive Management (Department Heads)	2x Annual Earnings, \$250,000 Maximum
Class 2	Management (Assistant Department Heads)	\$50,000
Class 3	All Other Members	\$10,000

Long Term Disability (LTD)



LTD insurance helps replace a portion of your income if you're sick or injured and unable to work due to an injury or illness. The plan replaces up to 60% of your covered monthly earnings to a maximum monthly benefit of \$5,000 provided at no cost to you by the County. LTD benefits begin after you have been totally disabled for 60 days. This 60 day period is known as the elimination period.

To be eligible employees must be in one of the following Bargaining Units: 7, 9, 10, 11, 14, 15, 16, 19, 20, 21, 22, and 50. Contact Benefits Customer Service for assistance in filing an LTD claim at (559) 636-4911.

LTD Benefits	
Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
Monthly Benefit Minimum	\$100
Elimination/Benefit Waiting Period	60 Days
Benefit Duration	To Age 65

This is a brief summary of the Standard Insurance Company's Life, AD&D and Long Term Disability product. The group policy and Certificate of Insurance contains the final and controlling terms of coverage.

Beneficiary Forms



Your beneficiary is the person to whom benefits are payable in the event of your death. It is important to name your beneficiaries to ensure that any benefits payable upon your passing are left to the survivors you list as beneficiaries. You may name one or more beneficiaries and specify the percentage that each beneficiary is to receive. If you haven't updated your beneficiaries since your hire date, it's time to do it again! Contact the Benefits Office to request a Beneficiary Change Form at (559) 636-4911 or email at OEHealth@co.tulare.ca.us.

Employee Assistance Program

Anthem® EAP

Anthem Employee Assistance Program (EAP) is a confidential service available to all regular and probationary employees and household members – at no cost to you. Trained professionals can easily refer you to the following resources:

- ❖ **Face-to-Face Counseling** – You and your household members are eligible for up to 6 visits for each personal situation.
- ❖ **Crisis Consultation** – 24/7 telephone access and crisis consultation are available if you have an emergency.
- ❖ **Legal Assistance** – You have access to legal consultations up to 30 minutes face-to-face or telephonically at no charge.
- ❖ **Financial Assistance** – Financial professionals provide free telephonic consultation on the financial topics that are important to you.
- ❖ **ID Recovery** – Specialists are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft.
- ❖ **Tobacco Cessation (Online and Coaching)**
 - **Online Program:** LivingFree™ is a free 10 session, online training program which will help you learn how to break the tobacco habit.
 - **Telephonic Coaching:** Tobacco cessation coaching is a free service provided via telephone or through instant messaging.
- ❖ **Dependent Care and Daily Living Resources** – You and your household members can get information on child care, adoption, summer camps, college placement, relocation and more.

Call toll-free at 1 (800) 999-7222. You can also visit www.AnthemEAP.com. Log in: County of Tulare.

Anthem LiveHealth Online

LiveHealth®
ONLINE

Doctors by your side 24/7 - LiveHealth Online is easier and faster than a visit to urgent care.

Now you and your family can see a doctor when it fits your schedule. No need for an appointment and no long wait at the urgent care center. All you need is the LiveHealth Online app or a computer with a webcam. Best of all, LiveHealth Online is part of your health plan benefits. So using LiveHealth Online may cost as little as a regular office visit or at most \$49.

Sign up now to get:

- ☐ Immediate, 24/7 access to doctors.
- ☐ Secure and private video chats with Board-Certified doctors.
- ☐ Available anywhere you have a computer or mobile device with Internet access
- ☐ Help with colds, the flu, allergies, fevers, and more.
- ☐ Prescriptions sent to your pharmacy, if needed.

Co-pays are:

- ☐ Anthem HMO = **\$15** (Effective 1/1/2016)
- ☐ Anthem BC PPO \$0 Deductible Plan = **\$20**
- ☐ Anthem BC PPO \$500 Deductible Plan = **\$35**
- ☐ Anthem BC PPO \$1000 Deductible Plan = **\$45**
- ☐ Anthem BC PPO \$2500 High Deductible Plan = **\$49**
(and your deductible does not need to be met)

Don't wait until you're sick — sign up today!





Flexible Spending Accounts



A Flexible Spending Account (FSA) allows you to reimburse yourself (with your own money) for eligible Health Care and/or Dependent Care expenses. By participating in these accounts, you do not pay Federal, State, or city taxes on the money you contribute. Participation is voluntary and employees must sign-up during open enrollment.

Health Care Flexible Spending Account (HC-FSA) – used to reimburse you for out-of-pocket health care expenses, including prescription medications for you and your eligible dependents. A full list of eligible expenses is available at <http://www.irs.gov/pub/irs-pdf/p502.pdf>. The maximum amount you may elect for 2016 is \$2,500.

Dependent Care Flexible Spending Account (DC-FSA) – used to reimburse you for out-of-pocket expenses for dependent care expenses, whether for a child or an elder. This includes expenses for someone else to care for your dependent (under the age of 13 for dependent children) so you may work. The maximum amount you may elect for 2016 is \$5,000.

Any unused funds will be forfeited per Internal Revenue Service (IRS) guidelines. **FSA accounts do not carry over to the following year; therefore, you must make a new election before open enrollment closes.**

Health Savings Account



If you enroll in the County's Anthem Blue Cross \$2500 Deductible PPO (HDHP) plan you are eligible to open a Health Savings Account (HSA). Your participation in the HDHP gives you the opportunity to take advantage of this tax-sheltered arrangement to pay the cost of your routine medical expenses or to build a fund for future expenses and retirement. Under an HDHP all benefits, both medical and Rx, are subject to the deductible and you are responsible for all charges until this has been satisfied. However, you can pay these expenses with funds from your HSA account, creating a tax savings for you. Funds may be contributed to your account via pre-tax payroll deduction or directly by you with after tax dollars which can be deducted from your income when you file your tax returns. The funds in your HSA build year over year and you may use these funds to pay for any allowable expenses according to IRS guidelines, including dental and vision as well. The maximum amount you may contribute in 2016 is \$3,350 for employee only and \$6,750 for family.

Deferred Compensation Plan



A governmental 457(b) Deferred Compensation Plan (457 Plan) is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before – tax dollars through a voluntary salary contribution. Contribution and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax.

The ROTH option provides the flexibility to designate your 457(b) elective deferrals as ROTH contributions. All ROTH contributions are made with after-tax dollars.


The County will contribute one dollar (\$1.00) for every four dollars (\$4.00) for **unrepresented employees** that contribute into their individual Defined Contribution account. The maximum amount that the County will contribute under this program is \$1,500 per year for each qualified employee. This is a great opportunity to maximize the amounts set aside for your future retirement.

To receive more information, contact Stephanie Henry, Empower Retirement, at (559) 967-2280 or email her at stephanie.henry@empower-retirement.com. You may also visit the Web site at www.empower-retirement.com/participant or call toll-free at 1 (800) 701-8255.

Voluntary Benefits



Chimienti & Associates Insurance Services offers the following voluntary benefits through payroll deduction on a pre-tax and post-tax basis. For more information about these benefits, or to schedule an appointment with a Chimienti Benefits Counselor, contact Chimienti & Associates at (559) 733-1670.

- ❖ **Hospital Gap Insurance - NexStep** – This plan is a low-cost program designed to help you pay for covered out-of-pocket expenses you may incur while you are either confined in a hospital or being treated as an out-patient for an injury or an illness. This plan features two benefits; an Inpatient Benefit for up to \$1,000 and an Outpatient Benefit for up to \$1,000.
- ❖ **Short Term Disability - American General** – Disability income insurance provides protection for one of your most valuable assets – *your paycheck!* This benefit pays up to 40% of your gross income in addition to State Disability should you be unable to work due to an illness or injury. The benefit from your Disability Income insurance can help you continue to pay your bills while you recover.
-  ❖ **Group Term Life Insurance – Now with VOYA!** With this carrier there will be a **Guarantee Issue offer (no health questions) of up to \$200K for Employees and up to \$50K for Spouse.** Term Life insurance is a more temporary life insurance for people who want a fixed benefit amount for a specific period of time to cover their family and mortgage years. VOYA's 5 Year Term Life provides even more affordable rates than the previous insurance carrier (Mutual of Omaha). Employee policy options are available with limited health questions up to \$500,000 for Employees (no more 5 X Annual Salary Cap), with family coverage options available.
- ❖ **Universal Life Insurance - Transamerica** – Permanent Life Insurance with coverage lasting up to Age 100. Includes living benefit features for access to Long Term Care and Critical Illness payout. Employee Policy options are available up to \$500,000 (capped at 5 X annual salary). Family coverage is also available. **Guarantee Issue offer of up to \$50K this Open Enrollment** for Employees who do not currently have this plan.
- ❖ **Critical Illness Plan - American General** – Pays Lump Sum Benefits to you when diagnosed with Critical Conditions such as: Cancer, Heart Attack, Stroke and Renal Failure. Critical Illness Insurance can help you cover costs that may or may not be covered by your health plan. Non-medical related expenses and out-of-pocket costs such as co-pays, deductibles, loss of income, as well as experimental drug treatments are frequently not covered by health insurance. Annual \$50 Health Screening and \$150 Mammogram Benefits are included in this plan.
- ❖ **24-Hour Accident Insurance - Transamerica Life Insurance Company** – The Accident Plan pays a lump sum benefit directly to the employee in the event of a covered accident. It pays benefits for emergency treatment, hospitalization, follow-up treatment, intensive care, prosthesis and more. See the Schedule of Benefits for amounts payable, definitions and limitations for each specific accident. Annual \$60 Health Screening Test is included in this plan.
- ❖ **Legal Plan - LegalEASE** – Legal Plan gives employees the ability to talk to a Plan Attorney. Provides free and discounted legal services alleviating the worry about high hourly costs. Examples of covered legal services; Name Change, Home Sale/Purchase, Estate Planning (Simple Will and Power of Attorney), Family Law Services, Identity Theft, Financial Counseling, and more.

Your privacy
is important to us...



HIPAA Privacy Notice

HIPAA requires the County of Tulare to notify you that a privacy notice is available by request from Human Resources and Development (HR&D). Please contact HR&D at (559) 636-4911 or OEHealth@co.tulare.ca.us.

Wellness Program

The County promotes activities, education and special outreach efforts regarding wellness and disease management as part of a focus through the San Joaquin Valley Insurance Authority (SJVIA). The SJVIA contracted with Viverae to assist the County of Tulare and current SJVIA members in efforts to engage employees enrolled in the SJVIA health plans.

Employees can learn ways to develop and incorporate healthy choices into their lifestyle through education and activity, resulting in healthier employees, improved morale, reduced absenteeism, and healthcare savings. There are various activities throughout the year that employees are encouraged to participate in such as:

- Onsite Mammography Screenings
- Biometric Screenings
- Walking Challenge
- Weight Loss Program
- Cooking Demonstrations
- Personal Health Coaching
- Webinars



www.SJVIAWellnessWorks.com

Please visit Human Resources & Development's website at www.tularecounty.ca.gov/hrd for more information and a schedule of events.

Veterinary Pet Insurance

We are pleased to announce that we are continuing to provide Veterinary Pet Insurance to the list of voluntary benefits package. VPI provides healthcare coverage for your dog, cat, bird, hamster or other exotic pet.

Eligible discounts

As a County of Tulare employee, you'll receive a 5% discount on your base medical coverage premium. Plus, owners of multiple pets are entitled to receive additional discounts!

Peace of mind

With coverage from VPI, your pets are protected if they get injured or become ill. VPI policies are easy to use and reimburse you for eligible veterinary expenses related to surgeries, hospitalization, X-rays, prescription medications and more. Best of all, you're free to visit any veterinarian, anywhere in the world.

How does pet insurance work? It's easy as 1-2-3:

Step 1 – Pay for your pet's treatment at the time of service.

Step 2 – Fax, mail or e-mail the easy to use claim form along with your receipts.

Step 3 – After meeting your policy's annual deductible, you are reimbursed according to your plan's benefit schedule.

Easy enrollment

If you are interested in pet insurance, please visit www.PetsVPI.com and enter "County of Tulare", or call 877-PETS-VPI (877-738-7874).



Benefit Amount

The Benefit Amount is a dollar amount that the County contributes towards each employee's health insurance premium. Benefit Amounts vary by Bargaining Unit and Job Classification.

The Minimum Benefit Amount for **2016 is \$280.78** per pay period (24 pay periods) if **enrolling** in a health plan. This is equivalent to 100% of Employee Only, Anthem Blue Cross \$1000 Deductible PPO Plan and the \$10,000 Group Term Life Insurance Benefit.

If you elect to waive any of the health plans offered at the County, the minimum benefit amount is \$41.67 per pay period (equivalent to \$1,000 per year). Please review your Bargaining Unit's Memorandum of Understanding for the applicable benefit amount.

Benefits Eligibility

Tulare County offers its eligible employees several benefit programs including: medical, dental and vision health insurance, Group Term Life Insurance, Group Long Term Disability Insurance and Qualified Supplemental Plans.

1. **Employee:** You are an eligible employee if you are a regular full-time employee. A full-time employee is one who works at least 20 hours a week. Extra help employees are not eligible for these benefits.
2. **Spouse:** Is the subscriber's (employee) spouse under a legally valid marriage.
3. **Domestic Partner:** The employee's domestic partner under a legally registered and valid domestic partnership. An individual who is registered with the State of California as a Domestic Partner of a County Employee. For More information on Registered Domestic Partners, visit the California Secretary of State's website at: www.sos.ca.gov/dpreistry.
4. **Child:** A dependent child of a covered employee – the employee's biological child; the employee's adopted child; the employee's step-child; the child of the employee's covered same-sex domestic partner; or the child for whom the employee has legal guardianship, legal custody, or an interlocutory order of adoption - under the age of 26, whether or not they are full-time student, married or unmarried.
5. A dependent child covered beyond the age limit due to disability.

Qualified Life Event Change

An employee may change an election or make a new election during Open Enrollment, or during the year upon a "change in status" as described below:

1. Marriage or Divorce (copy of marriage certificate or divorce decree required)
2. The birth, adoption or change in custody of a child
3. Death of a spouse or dependent
4. Employee, spouse or dependent experiences a change in employment status that affects benefits coverage
5. Overage dependent (occurs on the dependent's 26th birthday)
6. Dependent's loss of coverage
7. Moving out of the provider service area

If you experience a qualifying event and want to change your coverage, you must complete and return a Mid-Year Change Form to the HR&D Benefits Office within 30 days of the documented event. If you do not make the change within 30 days, you will have to wait for the next Open Enrollment period to do so.

Dependent Verification

If you are **adding a dependent** to your health plan, you will be required to provide written documentation that validates the relationship of any dependents you have enrolled on your plan. Accepted forms are:

1. A copy of your most recent IRS 1040 Form.
2. Spouse - Certified copy of Marriage Certificate with County Seal.
3. Domestic Partner – State of California Certificate of Registered Domestic Partnership
4. Birth Child or Step Child - A Certified copy of Birth Certificate with County Seal; Court Order mandating coverage; Qualified Medical Child Support Order mandating coverage
5. Children who have been Adopted, Grandchildren, or Legal Guardianship - Court Order showing legal responsibility for the child with the court filing information and date.

Deadline to submit eligible documentation is **October 23, 2015.**

Waiving Coverage

If waiving the County's Health Plans, you must provide proof of other coverage to receive the Benefit Amount. Below is a list of acceptable forms verifying proof of other coverage:

1. Group Health insurance ID card.
2. Statement from another employer: On company letterhead that includes verification of coverage levels and dates of coverage.
3. COBRA General Notice: Must list names of the dependents that are covered.
4. Other coverage must be effective on or before your date of hire.
5. Please note, an individual personal policy is not a qualified plan and not eligible as proof of other coverage. You will be required to provide proof of other coverage annually.

Deadline to submit Proof of Other Coverage is **November 30, 2015.**

United States Department of Labor Health Insurance Notification Letter

The Notice from the Department of Labor that explains the existence of health insurance marketplace coverage options available as a result of the Patient Protection and Affordable Care Act can be found on the Human Resources & Development website at <http://tularecounty.ca.gov/hrd/>. The California Exchange (or Marketplace) is called Covered California. If you have any questions, they can be reached at www.coveredca.com or by calling (888) 975-1142.

Grandfathered Status

The County of Tulare as a participant in the SJVIA maintains a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your health plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Human Resources Director, at (559) 636-4900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health Plans.

COBRA – Consolidated Omnibus Budget Reconciliation Act

COBRA gives those currently covered under a health plan the right to choose continuation of coverage if that coverage is lost. As an employee covered under the County health plans, you and/or your eligible dependents have the right to elect and pay for continuation coverage should your benefits end for reasons such as divorce, dependent children losing eligibility, or separation of employment. When you and/or your dependents initially enroll into the County health plans, a COBRA General Notice will be mailed to your home address. This notice is intended to advise you of your COBRA rights as required by State and Federal law. Upon notification that a qualifying event has occurred, a COBRA Election Notice will be mailed to the home address. You must inform the Benefits Unit of any qualifying event and address change.

Medicaid and the Children's Health Insurance Program (CHIP)

The state has premium assistance programs that can help pay for coverage. The state funds from Medicaid or CHIP programs help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan. You should contact the state for further information on eligibility. **California – Medicaid, Website:** http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx. **Phone:** (866) 298-8443.

If you live in California, you may be eligible for assistance paying your employer health plan premiums.

Women's Health and Cancer Rights Act Notification

The Women's Health and Cancer Rights Act (WHCRA) provides protections for mastectomy patients who choose to have breast reconstruction in connection with a mastectomy. The WHCRA applies only to those group health plans and health insurers that cover benefits for mastectomies; it does not require health plans to pay for mastectomies. But for plans that do provide coverage for mastectomies, the WHCRA requires coverage for reconstruction as well. According to the U.S. Department of Labor, the WHCRA is not limited to cancer patients; this law should cover anyone seeking reconstruction after a mastectomy for any reason.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance.
3. Prostheses (e.g. breast implant); and
4. Treatment for physical complications of the mastectomy, including lymph edema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NOTE: State laws may broaden Federal WHCRA rights. For complete details about your plan benefits, please read your summary plan description or contact the plan administrator:

Tulare County Human Resources
2900 W. Burrell Ave
Visalia, CA 93291

Administrative Contact
HR&D Benefits
(559) 636-4911

More information about the WHCRA may be obtained by calling the Employee Benefits Security Administration of the U.S. Department of Labor toll-free at: (866) 444-3272.



How to Reach Your Plan Providers

Provider Name	Phone Number	Website
Administrative Solutions Inc.	(866) 777-1320	www.asibenefits.com
Anthem Blue Cross	(888) 831-2238	www.anthem.com/ca
Foundation for Medical Care	(559) 733-3127 (Claims)	
Chimienti & Associates Insurance Services	(559) 733-1670	www.chimienti.com
Delta Dental	(888) 335-8227	www.deltadentalins.com
DeltaCare USA	(800) 422-4234	www.deltadentalins.com
Employee Assistance Program	(800) 999-7222	www.AnthemEAP.com
Empower Retirement	(800) 701-8255	www.empower-retirement.com/participant
Kaiser Permanente	(800) 464-4000	www.kp.org
US Script	(866) 264-4161	www.usscript.com
Vision Service Plan	(800) 877-7195	www.vsp.com
Viverae Health Center	(888) VIVERAE (848-3723)	www.SJVIAWellnessWorks.com

Open Enrollment Checklist



Use this checklist to guide you through Open Enrollment (September 23rd – October 23rd):

- ☐ Participation is **NOT REQUIRED** if you are **not** making any changes to your current health plan elections.
- ☐ Participation **IS REQUIRED** if you are:
 - **Newly electing** health plan coverage;
 - **Waiving** health coverage;
 - **Changing** health plans
 - **Adding or removing** a dependent
 - Enrolling or re-enrolling in a **Flexible Spending Account** (Medical or Dependent Care Reimbursement)
 - Enrolling or re-enrolling in a **Health Savings Account**
- ☐ Enroll Online at www.electmybenefits.com or see an HR&D-Benefits Enroller for assistance (NO appointment needed!).
- ☐ If adding dependent coverage, you will be required to provide documentation verifying dependent eligibility by **October 23, 2015**.
- ☐ If **waiving coverage**, you must provide Proof of Other Coverage by **November 30, 2015**. *Note: Failure to provide documentation verifying proof of other coverage will result in losing your benefit amount for the 2016 plan year.*
- ☐ If electing to participate in the Flexible Spending Account for Medical or Dependent Care Reimbursement in calendar year 2016, you must enroll (or re-enroll) by **October 23, 2015** (late enrollments will not be allowed).
- ☐ If electing to participate in a Health Savings Account (HSA) in calendar year 2016, you must enroll (or re-enroll) by **October 23, 2015**. This only applies only if you are enrolled in the Anthem Blue Cross \$2500 High Deductible health plan.
- ☐ To add, change or terminate your voluntary products, schedule an appointment to meet with a Chimienti & Associates enroller by calling (559) 733-1670.
- ☐ Update your Life Insurance Beneficiary Form.
- ☐ This OE Guide and any pertinent open enrollment forms are available on the County's internet site at www.co.tulare.ca.us/hrd.




HUMAN RESOURCES & DEVELOPMENT TULARE COUNTY

2900 W Burrel Ave
Visalia, CA 93291



Inside you will find:

Important information about your
2016 Tulare County Health Benefits

 2016 Open Enrollment Schedule September 23, 2015 - October 23, 2015				
Open Enrollment Central: HR&D Annex, 2900 W Burrel Ave, Visalia – (559) 636-4911 – OEHealth@co.tulare.ca.us Schedule: Monday-Thursday 8:00 AM to 5:00 pm and Friday 8:00 AM to 12:00 PM				
Monday	Tuesday	Wednesday	Thursday	Friday
Enrollment Options: 1. Enroll at the Health Fair; 2. Attend a location below: Meetings at 8:30 am & 1:30 pm; 3. Enroll Online at www.electmybenefits.com ; or 4. Visit Open Enrollment Central. <i>No appointment needed to enroll in medical, dental, or vision.</i>		September 23	September 24	September 25
		HEALTH FAIR VISALIA CONVENTION CENTER 8am-4pm	<u>HR&D Annex</u> 8am-5pm	<u>HR&D Annex</u> 8am-12pm
September 28	September 29	September 30	October 1	October 2
<u>HR&D Annex</u> 8am-5pm	<u>Visalia Government Plaza</u> <i>RMA Conference Room</i> 5959 S Mooney Blvd, Visalia <u>HR&D Annex</u> 8am-5pm	<u>Visalia Government Plaza</u> <i>RMA Conference Room</i> 5959 S Mooney Blvd, Visalia <u>HR&D Annex</u> 8am-5pm	<u>TCERA</u> (Retirees Only) <i>Board Conference Room</i> <u>HR&D Annex</u> 8am-5pm	<u>HR&D Annex</u> 8am-12pm
October 5	October 6	October 7	October 8	October 9
<u>HR&D Annex</u> 8am-5pm	<u>Porterville Government Plaza</u> <i>Orange Room & Tangerine</i> 1063 W Henderson, Porterville <u>HR&D Annex</u> 8am-5pm	<u>Porterville Government Plaza</u> <i>Orange Room & Tangerine</i> 1063 W Henderson, Porterville <u>HR&D Annex</u> 8am-5pm	<u>Visalia Processing Center</u> <i>Birch Room</i> 26644 S Mooney Blvd, Visalia <u>HR&D Annex</u> 8am-5pm	<u>HR&D Annex</u> 8am-12pm
October 12	October 13	October 14	October 15	October 16
<u>HR&D Annex</u> 8am-5pm	<u>Lindsay District Office</u> <i>Conference Room</i> 900 N Sequoia, Lindsay <u>HR&D Annex</u> 8am-5pm	<u>Visalia Child Support</u> <i>East Training Room</i> 8040 Doe Ave, Visalia <u>HR&D Annex</u> 8am-5pm	<u>Tulare District Office</u> <i>Training Room</i> 458 E O'Neal, Tulare <u>HR&D Annex</u> 8am-5pm	<u>HR&D Annex</u> 8am-12pm
October 19	October 20	October 21	October 22	October 23
<u>HR&D Annex</u> 8am-5pm	<u>Tulare Ag Building</u> <i>Ag Commissioner Auditorium</i> 4437 S Laspina St, Tulare <u>HR&D Annex</u> 8am-5pm	<u>Dinuba District Office</u> <i>Jasmine Room</i> 1066 N Alta Ave, Dinuba <u>HR&D Annex</u> 8am-5pm	<u>Tulare Works (VDO)</u> <i>Almond Room A & B</i> 1845 N Dinuba Blvd, Visalia <u>HR&D Annex</u> 8am-5pm	<u>HR&D Annex</u> 8am-12pm Open Enrollment Closes

Voluntary Products: To enroll, change or cancel a voluntary product, call Chimienti & Associates at (559) 733-1670 to schedule an appointment.